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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. <b>713072.28</b>																
		First Named Inventor <b>VON DYCK, Peter M.</b>																
		Title <b>PAD FOR USE WITH A CONTINENT OSTOMY PORT (as amended)</b>																
		Express Mail Label No. <b>EL493160309US EL493160341US</b>																
<b>APPLICATION ELEMENTS</b> See MPEP chapter 1500 concerning design patent application contents		<b>ADDRESS TO:</b> Box Patent Application Assistant Commissioner for Patents Washington, DC 20231																
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification <b>[Total Pages 40]</b> (preferred arrangement set forth below, MPEP 1503.01)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawings(37 CFR 1.152) 17 sheets original]</p> <p>5. Oath or Declaration <b>[Total Pages 6 ]</b></p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy) <b>UNSIGNED</b></li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</li> </ul> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>																
<b>ACCOMPANYING APPLICATION PARTS</b>																		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment w/ 6 sheets figures</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Check in the amount of \$543.00; Parts List, Letter</p>																		
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/420,643</p> <p>Prior application information: Examiner <u>Kim M. Lewis</u> Group Art Unit: <u>3671</u></p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																		
<b>19. CORRESPONDENCE ADDRESS</b>																		
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> (Insert Customer Number or Bar Code Label here) or <input checked="" type="checkbox"/> Correspondence address below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name <b>Rebecca J. Brandau</b></td> <td colspan="3" style="text-align: center;"><b>27128</b></td> </tr> <tr> <td>Address <b>720 Olive Street 24<sup>th</sup> Floor</b></td> <td colspan="3"></td> </tr> <tr> <td>City <b>St. Louis</b></td> <td>State <b>MISSOURI</b></td> <td>Zip Code <b>63101</b></td> <td></td> </tr> <tr> <td>Country <b>United States</b></td> <td>Telephone <b>314-345-6000</b></td> <td>Fax <b>314-345-6060</b></td> <td></td> </tr> </table> <p>Name (Print/Type) <b>Rebecca J. Brandau</b> Registration No. <b>33,654</b></p> <p>Signature  Date <b>Nov 26, 2001</b></p>			Name <b>Rebecca J. Brandau</b>	<b>27128</b>			Address <b>720 Olive Street 24<sup>th</sup> Floor</b>				City <b>St. Louis</b>	State <b>MISSOURI</b>	Zip Code <b>63101</b>		Country <b>United States</b>	Telephone <b>314-345-6000</b>	Fax <b>314-345-6060</b>	
Name <b>Rebecca J. Brandau</b>	<b>27128</b>																	
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision

PAD FOR USE WITH A CONTINENT OSTOMY PORT

TOTAL AMOUNT OF PAYMENT (\$543.00)

## Complete if Known

Application Number	Not Yet Known
Filing Date	Herewith
First Named Inventor	von Dyck, Peter M.
Examiner Name	Not Yet Known
Group Art Unit	Not Yet Known
Attorney Docket No.	713072.28

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 11-0160

Deposit Account Name BLACKWELL SANDERS PEPPER MARTIN LLP

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27.

2.  Payment Enclosed:

Check  Credit card  Money  Other Order

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)		(\$355.00)			

## 2. EXTRA CLAIM FEES

Total Claims	32	Extra Claims	Fee from below	Fee Paid
Independent Claims	5	-20** = 12	x 9	= 108

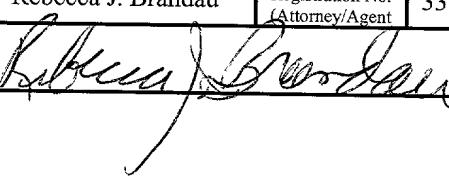
\*\* or number previously paid, if greater For Reissues, see below

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL 2		(\$188.00)		

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Rebecca J. Brandau	Registration No. (Attorney/Agent)	33,654	Telephone	(314) 345-6000
Signature		Date	November 26, 2001		